

OFFICER'S BATTERY REPORT
CHICAGO POLICE DEPARTMENT

RD NO. **HX293212**

INSTRUCTIONS: This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

"X APPLICABLE BOXES"

OFFICER INFORMATION

NAME (LAST - FIRST - M.I.)
BENTLEY, JOEL A

STAR NO. **13297** POSITION **POLICE OFFICER**

DATE OF APPOINTMENT **25-OCT-1999** EMPLOYEE NO. **[REDACTED]**

UNIT OF ASSIGNMENT **312** BEAT/CALL NO. **6728A**

SEX ☒ 1. M ☐ 2. F RACE **WHITE** DOB **[REDACTED]**

HEIGHT **511** WEIGHT **198**

TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED

- | | |
|--|--|
| <input checked="" type="checkbox"/> 1. ON DUTY
<input type="checkbox"/> A. UNIFORM, PATROL DUTY
<input type="checkbox"/> B. UNIFORM, OTHER DUTY
Describe _____
<input checked="" type="checkbox"/> C. CITIZEN'S DRESS
<input type="checkbox"/> D. TACTICAL
<input type="checkbox"/> E. B.I.S. UNIT
<input type="checkbox"/> F. SPECIAL EMPLOYMENT
<input type="checkbox"/> G. OTHER _____

<input type="checkbox"/> 2. OFF DUTY
<input type="checkbox"/> 3. SPECIAL EMPLOYMENT
<input type="checkbox"/> 4. SECONDARY / OTHER | WORKING:
<input type="checkbox"/> A. ALONE
<input type="checkbox"/> B. WITH ONE PARTNER
<input checked="" type="checkbox"/> C. WITH MULTIPLE PARTNERS
How many? 2

PATROL TYPE:
<input checked="" type="checkbox"/> A. SQUAD CAR
<input type="checkbox"/> B. FOOT
<input type="checkbox"/> C. BICYCLE
<input type="checkbox"/> D. APV/MOTORCYCLE
<input type="checkbox"/> E. SQUADROL
<input type="checkbox"/> F. OTHER _____ |
|--|--|

TYPE OF ACTIVITY

- ☐ A. AMBUSH - NO WARNING
☐ B. TRAFFIC STOP/PURSUIT
☐ C. INVESTIGATING SUSPICIOUS PERSON
☐ D. DISTURBANCE - DOMESTIC
☐ E. DISTURBANCE - MENTAL PATIENT
☐ F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER
☐ G. DISTURBANCE - OTHER
☒ H. MAN WITH A GUN
☐ I. PURSUING/ARRESTING OFFENDER (Specify)
 CHARGE _____ IUCR CODE _____
☐ J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify)
 ORIGINAL CHARGE _____ ORIGINAL IUCR CODE _____
☐ K. OTHER

TYPE OF INJURY TO OFFICER

- ☐ A. FATAL
☐ B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/Internal Injuries)
☐ C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions)
☒ D. NONE APPARENT/NONE

LIGHTING CONDITIONS AT INCIDENT

- ☐ A. DAYLIGHT ☐ D. DUSK
☐ B. NIGHT ☒ E. ARTIFICIAL LIGHT
 ☐ 1. POOR ☒ 2. GOOD
☐ C. DAWN

INCIDENT INFORMATION

☐ 1. INDOOR ☒ 2. OUTDOOR

ADDRESS OF OCCURRENCE
9301 S WALLACE ST

CITY ☒ CHICAGO STATE (If outside Chicago) _____

LOCATION CODE **304-STREET** BEAT OF OCCURRENCE **2223**

DATE OF OCCURRENCE **06-JUN-2014** TIME **23:23:00** DAY OF WEEK **FRIDAY**

NO. OF OFFICERS BATTERED **5**

WERE THERE ASSISTING UNITS ON SCENE? 1. ☐ YES 2. ☒ NO

IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS)? _____

MANNER OF ATTACK

- ☐ 01. SHOT
☒ 02. SHOT AT
☐ 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT)
☐ 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT)
☐ 05. OTHER (INCLUDING VERBAL THREATS)

TYPE OF WEAPON/THREAT

- (Check all that apply):
- | | |
|---|---|
| <input checked="" type="checkbox"/> A. FIREARM CALIBER 9 MM
<input type="checkbox"/> 1. REVOLVER
<input checked="" type="checkbox"/> 2. SEMI-AUTOMATIC
<input type="checkbox"/> 3. RIFLE
<input type="checkbox"/> 4. SHOTGUN | <input type="checkbox"/> D. HANDS/FISTS
<input type="checkbox"/> E. FEET
<input type="checkbox"/> F. MOUTH (SPIT, BITE, ETC.)
<input type="checkbox"/> G. VERBAL THREAT (ASSAULT)
<input type="checkbox"/> H. OTHER (SPECIFY) _____ |
|---|---|
- ☐ B. VEHICLE
☐ 1. OFFICER STRUCK WITH VEHICLE
☐ 2. ATTEMPTED TO STRIKE OFFICER WITH VEHICLE
☐ C. KNIFE/OTHER CUTTING INSTRUMENT ☐ I. BLUNT INSTRUMENT

FIREARM USE INFORMATION (Check all that apply):

- ☐ A. OFFICER AT GUNPOINT
☐ B. OFFICER'S OWN WEAPON OBTAINED
☐ C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON

OFFENDER INFORMATION

SEX ☒ 1. M ☐ 2. F RACE **BLACK** DOB **[REDACTED]**
 CB NO. **18909736** IR NO. _____

**WAS THE OFFENDER'S ACTIVITY:
DRUG RELATED?**

- ☐ 1. YES
☐ 2. NO
☒ 3. UNKNOWN

GANG RELATED?

- ☐ 1. YES
☐ 2. NO
☒ 3. UNKNOWN

NO. OF OFFENDERS PRESENT? **2**

WEATHER CONDITIONS

- ☒ A. CLEAR ☐ D. FOG / SMOKE / HAZE ☐ G. OTHER
☐ B. RAIN ☐ E. SLEET / HAIL
☐ C. SNOW ☐ F. SEVERE CROSS WIND
 APPROXIMATE OUTDOOR TEMPERATURE: **62°F**

Log# 1069651

Attachment# 15

REPORTING MEMBER - SIGNATURE
BENTLEY, JOEL A

STAR NO.
13297

WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STAR NO.
VELEZ, CARLOS E 211